

# PART 553 FORMS

553.370-527

## 553.370-527 GSA Form 527, Contractor's Qualifications and Financial Information.

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CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATION				FORM APPROVED OMB NO. 3090-0007	
<b>SECTION I - GENERAL INFORMATION</b>					
1. NAME AND ADDRESS (Street, City, State and ZIP Code)		2. TYPE OF ORGANIZATION <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION 2a. DATE ORGANIZATION ESTABLISHED		OTHER (Specify)  STATE OF INCORPORATION (if applicable)	
1a. LOCATION OF BRANCHES (Specify City and State)		3. KIND OF BUSINESS <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> JOBBER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> WHOLESALE		<input type="checkbox"/> RETAILER OTHER (Specify)	
<b>4. OWNERSHIP INFORMATION - GENERAL PARTNERS - PRINCIPAL STOCKHOLDERS - PARENT</b>					
NAME		TITLE (If Director or other)		% BUSINESS OWNED	
5. NAME AND ADDRESS OF PARENT (If applicable)		6. KIND OF PRODUCT OR SERVICE PROVIDED			
<b>SECTION II - SUPPLIERS AND BANKING INFORMATION</b>					
<b>1. PRINCIPAL MERCHANDISE OR RAW MATERIAL SUPPLIERS (Not less than 5)</b>					
NAME	TELEPHONE NO.	CONTACT PERSON	ADDRESS (Street, City, and ZIP Code)	AMOUNT NOW OWING	LARGEST AMT OWING PAST 12 MONTHS
<b>2. BANKING RELATIONS (Including Finance Companies)</b>					
1. ARE YOU NOW IN, OR PENDING DEFAULT ON ANY OBLIGATIONS TO BANKS OR OTHER FINANCIAL INSTITUTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," provide detailed information, Section VII, Remarks on page 4)					
4. PROSPECTIVE CONTRACTOR'S FINANCIAL ARRANGEMENTS (Check appropriate boxes) A. USE OF OWN RESOURCES <input type="checkbox"/> YES <input type="checkbox"/> NO      B. USE OF BANK CREDITS <input type="checkbox"/> YES <input type="checkbox"/> NO      C. OTHER (Specify)					
<b>SECTION III - GOVERNMENT FINANCIAL AID AND INDEBTEDNESS</b>					
1. TO BE REQUESTED IN CONNECTION WITH PERFORMANCE OF PROPOSED CONTRACT (Check)			2. EXPLAIN ANY "YES" ANSWERS TO ITEMS 1a, b, and c		
a. PROGRESS PAYMENT b. GUARANTEED LOAN c. ADVANCE PAYMENTS			YES NO   		
<b>3. FINANCIAL AID CURRENTLY OBTAINED FROM THE GOVERNMENT</b>					
COMPLETE ITEMS BELOW ONLY IF ITEM 1 IS MARKED "YES"					
a. IS GOVERNMENT FINANCING BEING RECEIVED BY YOU AT PRESENT?	b. IS LIQUIDATION CURRENT?	c. AMOUNT OF UNLIQUIDATED PROGRESS PAYMENT OUTSTANDING	DOLLAR AMOUNTS	(a) AUTHORIZED	(b) IN USE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	1. GUARANTEED LOANS	\$	\$
			2. ADVANCE PAYMENTS	\$	\$

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<p>3d. LIST GOVERNMENT AGENCIES INVOLVED</p>     	<p>3a. GIVE APPLICABLE CONTRACT NOS.</p>     
<p>4. INDEBTEDNESS TO THE U.S. GOVERNMENT - DELINQUENT (OMB Circular A-129)</p>	
<p>4a. LIST THE GOVERNMENT AGENCIES INVOLVED</p>     	<p>4b. SHOW THE APPLICABLE CONTRACT NOS.</p>     
<p><b>SECTION IV - BALANCE SHEET</b></p>	
<p>1. BALANCE SHEET AS OF _____, 19____</p>	<p>FISCAL YEAR ENDS _____, 19____</p>
<p style="text-align: center;"><b>ASSETS</b></p> <p><b>Current assets</b></p> <p>Cash and short term cash investments \$ _____</p> <p>Accounts receivable, less allowance for doubtful accounts of \$ _____</p> <p>Inventories _____</p> <p><b>Other current assets (Itemize)</b></p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><b>Total Current Assets</b> _____</p> <p><b>Property, plant and equipment</b></p> <p>Land _____</p> <p>Buildings and equipment _____</p> <p>Leasehold improvements _____</p> <p>Less accumulated depreciation and amortization _____</p> <p style="text-align: right;"><b>Total property, plant and equipment</b> _____</p> <p><b>Other Assets</b></p> <p>Investments in and advances to affiliated company _____</p> <p>Goodwill, less amortization _____</p> <p>Due from officers, employees _____</p> <p>Other (Itemize)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><b>Total other assets</b> _____</p> <p style="text-align: right;"><b>TOTAL ASSET \$</b> _____</p>	<p style="text-align: center;"><b>LIABILITIES AND OWNERS EQUITY</b></p> <p><b>Current liabilities</b></p> <p>Accounts payable \$ _____</p> <p>Notes payable (current) _____</p> <p>Current portion of long term debt _____</p> <p>Accrued expenses _____</p> <p>Accrued taxes on income/excess profits _____</p> <p><b>Other current liabilities (Itemize)</b></p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><b>Total Current Liabilities</b> _____</p> <p><b>Other liabilities</b></p> <p>Mortgages _____</p> <p>Bonds _____</p> <p>Deferred income taxes _____</p> <p>Other long term debt _____</p> <p style="text-align: right;"><b>Total other liabilities</b> _____</p> <p style="text-align: right;"><b>Total liabilities</b> _____</p> <p><b>Minority interest in subsidiary</b> _____</p> <p><b>Stockholder/owners equity</b></p> <p>Preferred Stock _____</p> <p>Common Stock _____</p> <p>Additional paid-in capital _____</p> <p>Retained earnings _____</p> <p>Less Treasury stock _____</p> <p style="text-align: right;"><b>Total stockholders/owners equity</b> _____</p> <p style="text-align: right;"><b>TOTAL LIABILITIES AND OWNERS EQUITY \$</b> _____</p>

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2. INVENTORY VALUATION METHOD (Check)			
<input type="checkbox"/> FIFO <input type="checkbox"/> LIFO <input type="checkbox"/> AVERAGE COST <input type="checkbox"/> OTHER (Specify)			
3. PAST DUE ACCOUNTS	ACCOUNTS PAYABLE	\$	4. CONTINGENT LIABILITIES
	ACCOUNTS RECEIVABLE	\$	
			5. JUDGMENTS OR PENDING SUITS (If "yes" explain on Page 4) <input type="checkbox"/> Yes <input type="checkbox"/> No
6. HAVE YOU OR ANY OF YOUR AFFILIATES EVER FILED FOR BANKRUPTCY? IF YES, PLEASE EXPLAIN IN SECTION VII OF PAGE 4. <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. LOANS SECURED BY COMPANY'S ASSETS - REAL AND PERSONAL PROPERTY			
SECURED PARTY (a)	SECURING ASSETS (Specify by balance sheet category) (b)	DUE DATE (c)	MONTHLY PAYMENT (d)
(e) Are any of the assets shown on the Balance Sheet pledged, mortgaged or otherwise hypothecated, except as stated above? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "yes" explain on page 4. If applicant is a partnership or sole proprietorship, are the individual liabilities of the proprietor(s) for Federal and State income and/or excess profit taxes included on the balance sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "no" what is the total liability? \$ _____			

## SECTION V — INCOME STATEMENT

1. FROM	TO	, 19	2. SALES BACKLOG AND SALES FORECAST		
Net Sales		\$	CATEGORY (PRIME AND SUBCONTRACT)	CURRENT DOLLAR BACKLOG OF SALES	ANTICIPATED ADDITIONAL DOLLAR SALES FORECAST FOR NEXT 18 MONTHS
COST AND EXPENSES					
Cost of products and services sold excluding depreciation and amortization			a. GOVERNMENT	\$	\$
Depreciation and Amortization			b. COMMERCIAL	\$	\$
Selling, general and administrative expense			TOTAL	\$	\$
Interest Expense			3. When financial statements are prepared or certified to by independent accountants and transcribed to this form, please furnish the name and address of accountant or accounting firm.		
Other expenses (itemize)			Name _____		
Minority interests in earnings of subsidiaries			Address _____		
Total costs and expenses			City, State and Zip Code _____		
EARNINGS BEFORE TAXES ON INCOME			If transcribed statements differ from independent accountants, please describe adjustments.		
Taxes on income					
Income before extraordinary items					
Extraordinary gains (losses) net of taxes					
NET INCOME					

## SECTION VI — CONSTRUCTION/SERVICE CONTRACTS INFORMATION (PBS ONLY)

1. CONTRACTS IN FORCE					
LOCATION (a)	OWNER'S NAME AND ADDRESS (b)	BRANCH OF WORK (c)	CONTRACT AMOUNT (d)	% COMP. (e)	EST. COMP. DATE (f)

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2. LIST THE FIVE LARGEST JOBS YOU HAVE COMPLETED IN THE LAST FIVE YEARS				
LOCATION	OWNER'S NAME AND ADDRESS	BRANCH OF WORK	CONTRACT AMOUNT	AMOUNT SUBLET

  

3. LIST COMPANIES FROM WHOM YOU OBTAIN SURETY BONDS			
NAME	TELEPHONE NO.	CONTACT PERSON	ADDRESS (Street, City, ZIP Code)

  

4. CHECK PROPER BOX (Explain each "YES" under Remarks)

A. HAVE YOU, DURING THE PAST TWO YEARS BEEN CHARGED WITH A FAILURE TO MEET THE CLAIMS OF YOUR SUBCONTRACTORS OR SUPPLIERS? ☐ YES ☐ NO

B. HAS YOUR APPLICATION FOR SURETY BOND EVER BEEN DECLINED? ☐ YES ☐ NO

  

**SECTION VII - REMARKS**

1. REMARKS (Cite those sections of the form relating to your remarks. If additional space is required attach additional sheet(s).)

CERTIFICATION		
<p>For the purpose of establishing financial responsibility with or procuring credit from the General Services Administration, we furnish the above as a true and correct statement of our financial condition on _____, 19____ and further certify that all other statements are true and correct. There has been no material change in the applicant's financial condition since the date of the above statement. We agree to notify you immediately in writing of any materially unfavorable change in our financial condition. In the absence of such notice or of a new and full financial statement, this is to be considered as a continuing statement.</p>		
NAME OF BUSINESS	DATE	BY (Signature of authorized official)
		TITLE

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